

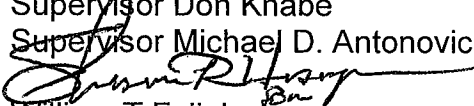


County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

May 27, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich
From: 
William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
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MICHAEL D. ANTONOVICH
Fifth District

NINETY-DAY REPORT REGARDING THE IMPLEMENTATION OF PROJECT 50

On January 8, 2008, your Board approved an implementation plan and budget for Project 50, a two-year demonstration project modeled after the Common Ground of New York's "Street to Home" project and application of the "Common Ground Vulnerability Index". Project 50 provides housing and integrated supportive services to the 50 most vulnerable, chronically homeless single adults living on the streets in the historic core of downtown Los Angeles known as Skid Row.

Project 50 was designed as a collaboration among the Los Angeles County Departments of Chief Executive Office, Health Services (DHS), Mental Health (DMH), Public Health (DPH), the United States Department of Veteran's Affairs (VA), Skid Row Housing Trust (SRHT), the Didi Hirsch Community Mental Health Center (Didi Hirsch), JWCH Institute (JWCH), the Los Angeles Homeless Services Authority (LAHSA), and the City of Los Angeles. Project 50 includes the following programmatic elements:

1. A Public Health Nurse as Project Director from DPH;
2. Establishment of an Outreach Team composed of a DMH Licensed Clinical Social Worker (LCSW), as team leader, and staff from DMH, LAHSA, and the VA;
3. Establishment of an Integrated Supportive Services Team (ISST) led by a DMH LCSW and contract medical and mental health providers obtained through DHS and DMH contracts with JWCH. JWCH is a well-established Federally Qualified

Health Center that operates in Skid Row. To round out the ISST, your Board authorized DPH to augment an existing contract to provide substance abuse counseling through Didi Hirsch;

4. A contract with SRHT to provide 50 units of housing, two case managers, a part-time project manager and office space for the Project 50 ISS Team;
5. Establishment of an Executive Committee; and
6. The use of 50 Shelter Plus Care rental assistance vouchers assigned to SRHT by the Housing Authority of the City of Los Angeles (HACLA).

In adopting the January 8, 2008 Board letter, your Board further ordered a report within 90 days on:

1. The status of the project in general;
2. The budget for the project with more specific answers to budget questions that have been raised by the Board members; and
3. The potential issue of substance abuse by those taking advantage of the Project 50 housing.

This memorandum serves as the 90-day report.

I. Status of the Project in General

The attached diagrams (Attachments A and B) provide a visual representation of the Project 50 process from the client's perspective (Attachment A) and from the street outreach worker's (Attachment B) experience.

A. Outreach

1. From the Client's Perspective

In the first diagram (Attachment A), the client began by living on the street in the Skid Row area bounded by 3rd Street, Central Avenue, 7th Street, and Main Street. The client was in his/her usual sleeping spot on December 10-19, 2007 and was awakened by one of the Project 50 registry creation workers, asked to complete an interview survey, to have his/her photo taken, and provided a Subway gift certificate or a phone card. Based

upon his/her answers to the survey and the application of the Common Ground Vulnerability Index, he/she was deemed to be one of the 50 vulnerable individuals most likely to die on the streets. On a subsequent day in early 2008, he/she was invited to join Project 50 and to work towards being placed in permanent supportive housing. At this point, the client became an active participant, partnering with his/her outreach worker to gather the necessary documentation and attend the necessary assessments and interviews required by the federal Housing and Urban Development (HUD) Shelter Plus Care rental assistance program. At the end of this process, he/she moved into a permanent home, became part of the new community of Project 50, and began receiving the Project 50's integrated supportive services.

2. From the Outreach Team Member's Perspective

From the street outreach team member's perspective (Attachment B), the process began on December 7, 2007, between 10:00 p.m. and 2:00 a.m. when the team member participated in counting individuals who are chronically homeless and sleeping on the street in the defined area. The team counted 471 individuals sleeping on the streets that night. The process continued on December 10-19, 2007, when the team awakened and interviewed the street people previously counted while sleeping on the streets. They successfully interviewed 350 people and placed them in the Project 50 registry.

During the week of January 14, 2008, a subset of the registry creation team received specialized training in active engagement and motivational interviewing, provided by Common Ground of New York, our consultant in the "Street to Home" methodology. Immediately following the training, the team began searching the streets of Skid Row to find and engage the 50 most vulnerable individuals and invite them to participate in Project 50. After receiving a signed consent to participate, the street outreach team member engages in client-centered case management; setting up appointments; accompanying and transporting the client to appointments; ordering birth certificates and social security cards; accompanying the client to the HACLA housing interview; working with SRHT property managers to assist the client in selecting a home; and introducing the client to the SRHT case manager in a "warm hand-off" (which consists of writing up a transfer summary and meeting with the client and SRHT on-site case manager to highlight some history and explain the client's needs) after successfully seeing the client through the housing process.

The entire process takes an average of 22 days to complete (with a median time of 16 days to complete) and is paper intense. The checklist for completing the intake has 17 items on it, including a four page housing application, three different consent forms, two interviews, a health assessment and a tuberculosis test, and a self-screening questionnaire. The last item includes another 17 items including HIV status, drug abuse, disability, length of homelessness, receipt of services from a Regional Center, parole or probation status, and veteran status, etc. Clients often require assistance in completing the self-screening and the street outreach case manager is available to provide it. The last form to complete is the previously mentioned client transfer summary that is provided to the ISST case manager. The 17 item checklist provides the mechanism to keep track of the status of each of the required documents. Many of the necessary documents can take a long time to obtain, especially if they are ordered from out of state (e.g., birth certificates), lengthening the average time to house a client to 22 days. Outreach workers share their clients' frustration intensely when that happens and celebrate along with their clients when successfully housed.

B. Integrated Supportive Services Team

The central component of Project 50 is the provision of integrated supportive services, a process in which all Project 50 providers meet regularly to discuss and assess client progress with their individualized treatment plans. Integrated supportive services are considered necessary to achieving housing stability with chronically homeless populations. By mid-March 2008, when there were 15 clients in housing, integration of the discrete supportive services that clients had been receiving began to take place in temporary space provided by SRHT. Under the direction of the ISST leader, service providers completed individual assessments and treatment plans and began meeting daily to discuss client needs, challenges, and progress towards goals. The assessment process includes a comprehensive biopsychosocial assessment (CBA) performed by the team leader and the SRHT case manager in concert with the client. This assessment becomes the basis for the treatment planning. The final individualized treatment plan is client-centered, based upon the client's goals for him/herself and has recovery and wellness as the intended outcomes.

The tool used for measuring treatment plan progress is the Multnomah Community Ability Scale (MCAS). The MCAS is a standardized mental health assessment that scores 17 independent items of functionality. The MCAS is a common tool in assessing progress towards treatment goals. The

17 items of functionality are: physical health, intellectual functioning, psychosis, mood abnormality, response to stress and anxiety, ability to manage money, independence in daily living, acceptance of illness, social acceptability, social interest, social effectiveness, social network, meaningful activity, medication compliance, cooperation with treatment providers, alcohol/drug abuse, and impulse control. Each item is measured on a five-point scale. The scale will be used at various points in time by the ISST to determine the client's progress towards goals and stability.

After assessing each client's biopsychosocial status, the ISST develops an Individualized Treatment Plan (ITP). Each member of the ISST does his/her part to ensure the plan is followed and updated as necessary through daily care, planning meetings and weekly ITP meetings. The ISST further works to ensure that clients are connected with and retain connection to benefits for which they are eligible. The ISST works with the client through a proactive engagement approach; ISST members are expected to spend 75 percent of their time in the field, visiting clients in their hotels and other locations, not merely waiting for them to attend scheduled appointments. There is a strong emphasis on integration of all services and upon cross-training the members of the ISST wherever possible. ISST members will conduct life skills and treatment groups. They have already established a housing retention group, a drug therapy group, and a life skills group in two of the hotels where Project 50 clients are housed, with more groups to follow.

The ISST reports great satisfaction with the process and the potential for improving the lives of the Project 50 clients and ultimately moving them to sobriety and improved health status. Future reports will provide your Board with more information on the results of the ISST.

C. The Statistics and the People Behind the Statistics

As of May 14, 2008, the Project 50 street outreach team had successfully moved 26 of the 50 most vulnerable individuals into housing. Twenty-four of the 26 were housed in SRHT units, funded with Shelter Plus Care rental assistance vouchers. One client was determined to be too impaired to live independently and was moved into a skilled nursing facility. Another client requested to be reunited with his family in Mexico, and after receiving stabilizing medical services at LAC+USC Medical Center, he traveled to his family's home in Mexico with the assistance of the Mexican Consulate (which arranged and funded the move). All of the 24 clients in SRHT housing are now receiving medical services through Project 50; 16 receive mental health services; and 18 receive substance abuse

counseling. Seven of the housed clients that had no income source prior to entering Project 50 now receive either General Relief (GR) (three) or Supplemental Security Income (SSI) (four). The average GR benefit is \$221 monthly and the SSI benefit ranges between \$870 and \$954 monthly. Case managers are working with the GR recipients to apply for SSI. Two housed clients are confirmed as veterans and seven more of the as-yet-unhoused, in-process clients are deemed as potential veterans. With more than half of the clients housed as of May 14, 2008, the Project is on track to house all 50 within six months, as planned, or shortly thereafter.

We present three typical clients' stories as a means of personifying the clients to your Board and to exemplify the significant change this Project is making in the lives of these 50 individuals.

Eugene G is an African-American, who is 56 years of age and has been homeless for two years. He has a history of heart and kidney disease, of being incarcerated, and of being a victim of a violent attack. He had been hospitalized three times at LAC+USC Medical Center in the three months prior to the December 2007 survey. He first consented to participate in Project 50 on January 29, 2008 and was housed on February 26, 2008. He had GR but no Medi-Cal, and we are in the process of applying for SSI for him. Mr. G was very challenging to locate and to gain his trust. The street outreach team kept leaving messages for him to meet them at a designated time and place at the mission where he had been sighted, but he would not wait for the team. Finally, the team gained his trust through persistence.

Once housed, Mr. G was seen drinking alcohol in the common living areas of his hotel, which is a violation of the rules he signed when placed into housing. Although he had been warned multiple times not to appear drunk in those common living areas, he continued and would be so intoxicated that he would lose control of some of his bodily functions. Our team leader (an LCSW) and our drug counselor established a close therapeutic relationship with Mr. G, frequently offering to take him to Redgate for their detoxification program. Mr. G finally agreed to set a date to enter detox which was one week away. Then on April 10, 2008 (the day before their agreed-upon date), he asked to enter Redgate. Once there, he stayed for a few days but then went absent without official leave (AWOL). He returned to his apartment and was welcomed back by our staff. The next day, he asked to be taken back to Redgate; he returned and completed the detoxification program and was discharged on April 25, 2008.

Upon his return, he asked the drug counselor to locate Alcoholics Anonymous so that he could attend and increase his chances of success with sobriety. Mr. G stated that he would be willing to return to Redgate if he needed their 30-day program.

The team is actively encouraging him to see a psychiatrist in addition to addressing his alcohol abuse issues. Mr. G believes that he needs the support of our team to remain sober and to be successful in his new living situation. Mr. G appears to have gained weight, has alert eyes, a smile on his face, and continues to maintain his sobriety and has become a positive influence on other clients.

John H is a Caucasian man from Kentucky, who is sixty years of age and has been homeless for five years. He first consented to participate in Project 50 on January 28, 2008, and was housed on February 25, 2008. He was receiving GR, but no Medi-Cal, and we are currently applying for SSI on his behalf.

Mr. H has a history of alcoholism, drinking 80+ ounces of beer on a daily basis. In addition, he has emphysema and asthma. He also has a history of incarceration and being hospitalized twice at LAC+USC Medical Center in the last three months prior to the December 2007 survey. Mr. H informed some team members from SRHT and JWCH that he can not eat when he drinks, which explains why he was so thin. His diet often consisted of "Cup-of-Noodles". The team members encouraged him to eat more and healthier food, as he appeared malnourished.

On April 15, 2008, Mr. H reported that he gave up beer so that he could eat and gain weight. As of April 25, 2008, the team reported that he continued in his abstinence but told them that he will drink again. Meanwhile, he attends substance abuse groups regularly, meets with the Project 50 drug counselor, continues to gain weight and has a more positive attitude.

Sue N is a petite African-American woman from Louisiana, who is 52 years of age and has been homeless for ten years. Ms. N has a long history of physical abuse, substance use and HIV/AIDS and mental health issues. She had attended the clinic at the Weingart Center, where she had been given a business card with the outreach teams' name on it. Meanwhile, Ms. N had been incarcerated at the Central Regional Detention Facility for women. The team located her upon her release, started the process on March 24, 2008, and housed her on April 3, 2008. She had submitted an application for SSI prior to being incarcerated, but due to her inability to make her appointment, her case

was dropped. Volunteers of America are completing the SSI process and it is expected to be approved by May 2008. Primarily, she made money panhandling and was not receiving Medi-Cal.

Ms. N maintains a positive attitude, helps her friends when she is able and states she wants to give back. She faithfully takes her HIV antiretroviral medications and sees her physician at JWCH; however, her prognosis is very poor.

D. Lessons Learned

1. Outreach

- a. 50 matters:** Having a manageable size for this demonstration project allows for client-centered case management, keeps the team focused and helps the team navigate through bureaucratic red tape, make systemic changes and track progress more effectively.

One example of cutting through red tape was the modification made in the procedure for verifying income. Prior to Project 50, local case managers verified income by mailing a request to the Department of Public Social Services (DPSS), and DPSS mailed the response. After some research into HUD rules and contacting the State Treasurer's office, we learned the process could be performed using e-mail or fax. The new process broke through an impasse, allowing many clients who had been waiting, to be housed more quickly. The new streamlined process is in place for future homelessness housing projects.

- b. Street outreach becomes more effective with time:** As word of Project 50 spread, more people came forward and assisted in locating the 50 most vulnerable individuals we were seeking. Outreach teams should not become discouraged in the initial stages because the momentum will build.

2. Integrated Supportive Services

Providing integrated supportive services is critical and should begin immediately after housing a client to increase the likelihood of achieving housing stability. Integration must be deliberate and flexible and should not be delayed for any reason. The ISST did not let a delay in the build-out of the permanent space stop them from beginning their work. In mid-March, the

ISST began meeting in temporary space provided by our partner, Skid Row Housing Trust.

3. Program Design/Management

- a. **The importance of targeting the program to the most vulnerable individuals cannot be overestimated:** This lent urgency to the effort and created buy-in among the partnering agencies and people living on the streets of Skid Row. When one client's street neighbors were told that only he could be housed this time, one of his friends said: "that's ok, we understand. Shorty is the sickest one of all of us. He should go first." In much the same way, partnering agencies are willing to expedite processes for people who are the most vulnerable.
- b. **Multi jurisdictional agency partnership is essential:** Coordination and communication among departments and partnering agencies must be organized and responsive. Communication must go up and down the chain of command. Tracking challenges and addressing issues in a coordinated manner and prioritizing resolutions is key to success.
- c. **Regular evaluation of the team, resources and progress creates a flexible and adaptive structure that is better able to meet the unique needs of our clients:** To achieve systematic communication and ongoing evaluation, regular conference calls among all partnering agencies during program implementation, facilitates trouble-shooting, and problem-solving which allows policymakers who wish to stay abreast of program progress to do so easily. Regular tracking sheets to follow client progress and implementation steps provide helpful information and structure for the conference calls (Attachments C and D).
- d. **Adopt a "Whatever it takes" model:** It is critically important to select a Project Director and other team members experienced in working with the homeless population and dedicated to doing "whatever it takes" to house the most vulnerable, and arguably the most difficult to house, homeless individuals. A good team establishes and maintains client rapport and acceptance of program goals, as exemplified by the first person housed, who recently said, "I'm your first one...I can't let you down."

II. Budget - Reduced from \$5.6 million to \$3.7 million

Refining the budget

At the Board meeting on January 8, 2008, your Board questioned the total two-year cost of \$5.6 million as it compared to similar projects in other parts of the country and in Los Angeles. Subsequent to the meeting, our "Common Ground" consultants provided cost data for their "Street to Home" projects so that we could perform an "apples to apples" comparison. The comparison table appears in Attachment E. On a per person basis, Project 50 costs \$27,770 annually while "Street to Home" programs cost between \$21,000 and \$26,000. The major cost difference between the two programs is that Project 50 includes primary health care, as well as mental health and substance abuse counseling, while "Street to Home" does not provide the primary health care component.

The original budget included many more items than the typical permanent supportive housing model, and when these were removed, the budget was reduced from \$5.6 million to \$3.7 million (Attachment F), with the net County cost portion reduced from \$2.2 to \$2.1 million over two years. The two-year budget was reduced by making the following changes:

1. The cost estimate for psychotropic medications was reduced by \$1.17 million;
2. Two of the three alcohol and drug counselors were removed, resulting in a \$340,000 reduction;
3. A DPSS benefits advocate was removed and replaced with a dedicated contact person at DPSS, resulting in a \$112,000 reduction;
4. The transportation cost was reduced by \$84,000;
5. One nurse position was removed, reducing the budget by \$87,810; and
6. One psychiatrist was reduced to .5, reducing the budget by \$119,140 annually.

Cost Avoidance Analysis

An evaluation team composed of County and university researchers will perform a comprehensive and definitive cost avoidance analysis as part of the Project. Until that analysis can be done, we will be reporting cost data provided by County departments for clients that have been housed.

For the 16 clients housed as of March 24, 2008, DHS, DMH, and DPSS provided client cost data for the 12 months prior to the inception of the program. For those months, DHS provided \$309,616 in services, DMH provided \$450 in services, and DPSS spent \$20,275 in GR and \$13,964 in Food Stamps benefits, for a total of \$364,580. These figures do not include the Public/Private Partnership health clinics. Some of these medical costs may have been reimbursed through Medi-Cal. We anticipate that, as eligible clients become linked to SSI and Medi-Cal, GR and health costs will be reduced. We will begin collecting data on the County costs of services provided to the housed Project 50 clients, and in the next report, we will update these figures to include newly housed clients and to include law enforcement costs that were not available for this preliminary report. However, pending the results of the complete analysis, our cost data should be considered preliminary and incomplete.

III. Substance Abuse Issues

After housing the most vulnerable individuals living on the streets of Skid Row, the priority of the "Street to Home" model is to encourage and lead these individuals to sobriety, housing stability, and independent living. Within 30 days of the clients' transition through a "warm hand-off" from their street outreach case managers to the on-site ISST case managers, the process of assessment and integrated treatment planning begins. The ISST case manager facilitates program participation and monitors client progress towards integrated treatment plan goals.

The drug and alcohol counselor builds relationships and trust with the clients and works to break down client resistance to addressing substance abuse. The JWCH mental health provider conducts life skills group treatment that encourages those with addictions to go to rehabilitation.

Many of the Project 50 clients report a history of abusing alcohol and/or drugs. Thus far, 18 of the 24 housed clients are taking advantage of Project 50's alcohol and drug abuse counseling component. Another client entered a 90-day residential treatment program and will be provided permanent housing upon discharge from the treatment program. Three clients entered and completed detoxification programs. The ISST component of the project is at its very initial stage. Future reports will provide more detailed information about ISST results in addressing substance abuse issues.

Each Supervisor
May 27, 2008
Page 12

Conclusion

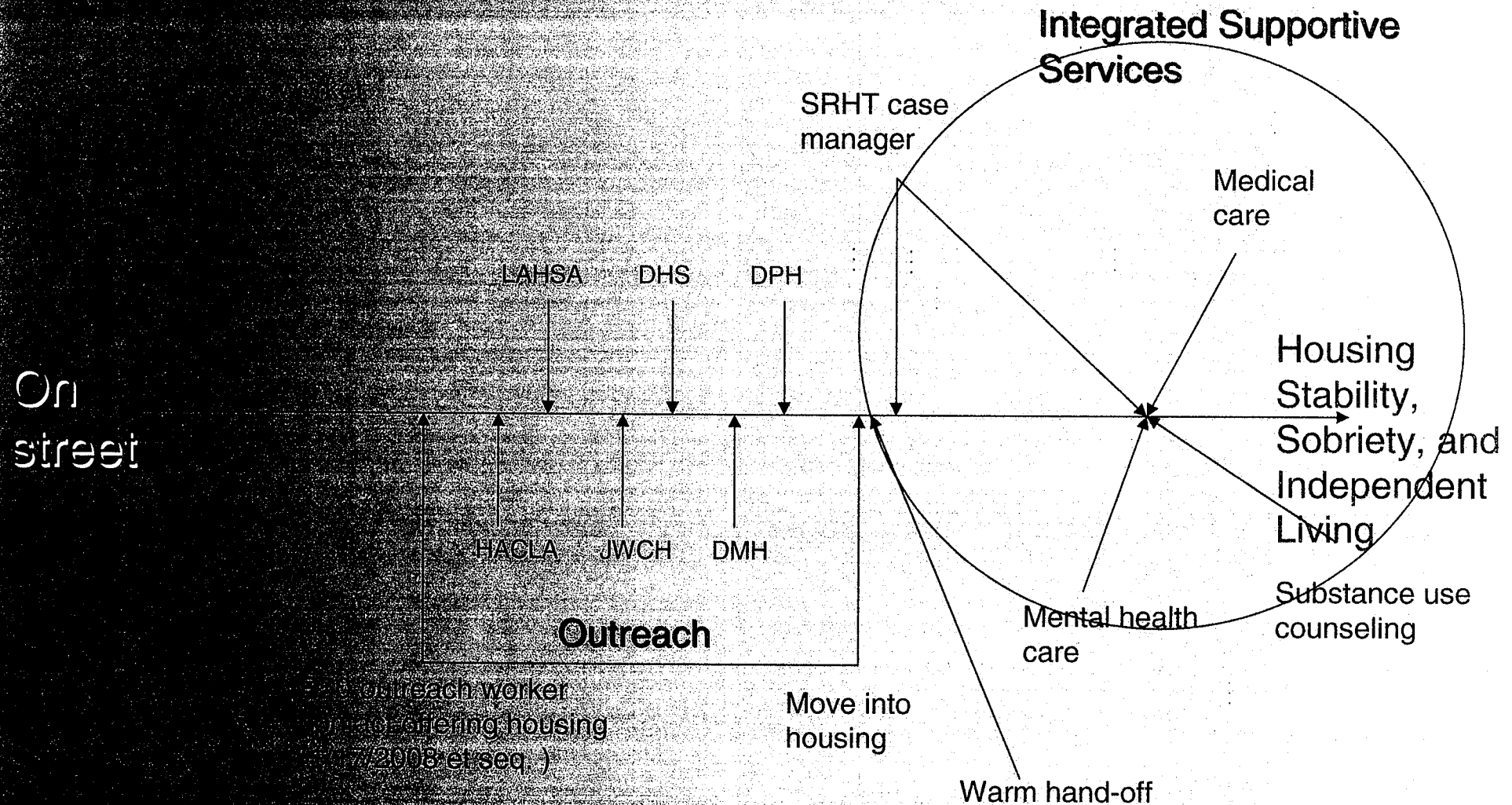
Project 50 launched on target, 100 days from October 4, 2007, as mandated by your Board on November 20, 2007. This demonstration project is well on its way to achieving its goal of housing the 50 most vulnerable individuals living on Skid Row, stabilizing them in permanent supportive housing and providing a blueprint for future similar projects throughout Los Angeles County.

WTF:MS
KH:CSS:hn

Attachments (6)

c: Mayor, City of Los Angeles
Sheriff's Department
County Counsel
Executive Officer, Board of Supervisors
Department of Health Services
Department of Mental Health
Probation Department
Department of Public Health
Department of Public Social Services
Common Ground
Housing Authority of the City of Los Angeles
JWCH Institute
Skid Row Housing Trust
Los Angeles City Attorney
Los Angeles Homeless Services Authority
Los Angeles Police Department
Public Counsel

Project 50 Client Experience



Project 50 Outreach Team Experience

Common Ground
Outreach Training
1/4/2008 et seq.

Client consents to
be housed

Client
housed!

Warm hand-off
to SRHT case
manager

Outreach to &
engagement of
prospective client

Intensively working with client
to obtain required
documentation, including
medical exam to establish
disability, birth certificate,
income verification, HACLA
interview, etc. DOING
WHATEVER IT TAKES!!!

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1															
8	CONSENT	DHS Consent	SELF SCREEN	HOUSNG APPL	SS CNSNT	SS CARD	ID	TB	Income at Enrollment	Income after Enrollment	INC VER	DIS VER	SRHT	HACLA	MOVEIN
9	2/8/2008	3/7/2008	2/8/2008	2/8/2008	2/8/2008	2/27/2008	2/8 Appld	2/25 CXR	SSI		Soc Sec	2/25/2008			2/29/2008
10	2/15/2008		2/21/2008	2/21/2008	None	None		2/22/2008	none	None	No Income	2/22/2008			
11															
12															
13	3/12/2008	3/12/2008	3/12/2008	3/12/2008	3/12/2008	3/12/2008	3/12/2008					3/13/2008			
14															
15															
16															
17	1/31/2008	3/4/2008	2/5/2008	2/7/2008	2/12/2008	2/20/2008	2/20/2008	2/11/2008	none	GR	2/12/2008	2/8/2008	2/12/2008	2/12/2008	2/12/2008
18															
19															
20	1/18/2008							2/14/2008	none	SSI		2/13/2008			
21															
22	1/29/2008	3/4/2008	2/6/2008	2/6/2008	3/4/2008	2/20/2008	2/8 Appld	2/19/2008	none	GR	No Income	2/19/2008	2/22/2008	2/22/2008	2/22/2008
23															
24	1/28/2008		1/28/2008	2/4/2008		2/1 appld	2/1/2008	1/29/2008	none	None	2/4/2008	1/29/2008	2/4/2008	2/4/2008	2/4/2008
25															
26															
27															
28	1/29/2008		1/29/2008	2/19/2008	2/19/2008	2/15/2008	1/29/2008	2/15/2008	GR	GR	2/19 Maild	2/15/2008	2/26/2008	2/26/2008	2/26/2008
29	1/28/2008	3/4/2008	2/7/2008	2/7/2008	3/4/2008	2/8/2008	2/8/2008	2/8/2008	GR	GR	2/12,2/20	2/11/2008	2/22/2008	2/22/2008	2/22/2008
30															
31															
32	2/8/2008	3/3/2008	2/8/2008	2/8/2008	2/8/2008		2/20?	2/19/2008	GR	GR	2/20/2008	2/19/2008	2/26/2008	2/26/2008	2/26/2008
33															
34															
35															
36	2/15/2008	2/26/2008	2/26/2008	2/26/2008	2/26/2008	2/28 ?	2/28 ?	2/27 placd	SSI	SSI	2/27/2008	2/27/2008	2/27/2008	2/27/2008	2/27/2008
37	1/18/2008	3/3/2008	1/23/2008	1/24/2008	3/3/2008	1/18/2008	1/18/2008	1/18/2008	GR	GR	1/23/2008	1/24/2008	1/25/2008	1/25/2008	1/25/2008
38	1/29/2008		1/29/2008	2/4/2008		Appld 2/5	2/1/2008	1/31/2008	None	SSI	1/31/2008	1/31/2008	2/4/2008	2/4/2008	2/4/2008
39															
40															
41															
42															
43															
44															
45	1/23/2008	3/3/2008	1/28/2008	1/30/2008	3/3/2008	2/4/2008	2/8/2008	1/31/2008	GR	GR	1/29/2008	1/31/2008	2/8/2008	2/8/2008	2/8/2008
46															
47															
48															
49															
50	2/19/2008	2/19/2008	2/19/2008	2/19/2008	2/19/2008	2/20/2008	2/20/2008	2/19/2008	GR	GR	2/19 maild	2/19/2008			2/25/2008
51															
52															

ATTACHMENT C

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
53															
54															
55	1/18/2008	2/14/2008	2/14/2008	2/14/2008	2/14/2008	none	none		GR	GR	1/29/2008	2/6/2008			2/26/2008
56	3/4/2008	3/4/2008	3/4/2008	3/4/2008	3/4/2008	3/4/2008	appld 3/4	3/4/2008	GR	GR	3/5/2008	3/4/2008	3/6/2008	3/6/2008	3/6/2008
57															
58															
59															
60															
61															
62															
63	Housed														
64															
65															
66															
67															
68															
69	In jail or prison														

**ATTACHMENT D
LOS ANGELES COUNTY PROJECT 50 WORKSHEET**

TASK	LEAD	CONTACT INFORMATION	GOAL	TARGET DATE	STATUS	ISSUES
Transportation	Cesar Beltran	cbeltran@lahsa.org; 213-225-6546	To provide all necessary transportation to complete the necessary steps to housing placement; to provide on an interim basis transportation for supportive services.	March 15, 2008	in process	Working out possible subcontract with LAHSA. Researched ACCESS and provided info to Carri and SRHT. LAHSA to provide budget.
Food	Cesar Beltran	cbeltran@lahsa.org; 213-225-6546	To connect clients to food resources	Feb 1, 2008		
Out of County Birth Certificates	Carrie Bach	cbach@ph.lacounty.gov; 323-384-8895	To facilitate obtaining out of County birth certificates	Feb 1, 2008		Carrie is locating the out of County birth certificates.
Identify contacts at missions	Rebecca Isaacs	risaacs@lahsa.org; 213-384-3333	To facilitate communication about clients who may have sought shelter or stored belongings at the mission.	Feb 1, 2008		
Identify contact at Registrar-Recorder	Kathy Treggs	562-462-2081	To identify one person who can be counted upon to reply to a request for County birth certificate within 24 hours.	Feb 1, 2008		
California ID	Armando Carrillo	acarrillo@lahsa.org; 213-225-6556	To expedite obtaining California ID from DMV.	Feb 1, 2008		
DMH Contract with JWCH	Mary Marx	mmarx@dmh.lacounty.gov; 213-272-8468(c)	Contract for mental health services	March 31, 2008 to complete final contract	Completed interim contract	Working on final version which will contain sublease agreement for JWCH to use space.
DHS Contract with JWCH	Libby Boyce;Cheri Todoroff	eboyce@ladhs.org; 213-240-8465 ctodoroff@ladhs.org; 213-240-8272	Contract for medical services	March 31, 2008 to complete final contract	Completed interim contract	Working on final version which will contain sublease agreement for JWCH to use space.

**ATTACHMENT D
LOS ANGELES COUNTY PROJECT 50 WORKSHEET**

TASK	LEAD	CONTACT INFORMATION	GOAL	TARGET DATE	STATUS	ISSUES
Welcome Home Move-In Kit	Connie Sullivan, Rebecca Isaacs	csullivan@ceo.lacounty.gov; 213-974-5121 risaacs@lahsa.org; 213-683-3333	Have a move-in kit ready to go for each client as s/he moves in.	February 15, 2008 need to extend deadline	in process	Ruth Schwartz of Shelter Partnership has been enlisted to help; Central City Association has been contacted to help.LAHSA has agreed to assist. Still need to explore DPSS GR move-in assistance program. Provide budget to CCA by February 6, 2008. List of items worth \$12,000 provided by Shelter Partnership. 8 pallets need to have moving company pick up and take to SRHT. CEO Office Management looking into County contract movers. Info expected 3/6/08. CEO Office Management still obtaining pricing on movers. Movers selected. Connie clearing out storage area Friday.
Sharing of data across partnering jurisdictions	Miguel Santana	msantana@ceo.lacounty.gov; 213-974-5121	To allow Project Director to share Project 50 data with partnering agencies outside the County, e.g. LAPD. : :	Feb 4, 2008		Can share names and identifiers with partnering non County agencies as part of administering a housing program.
Interim Integrated Case Management	Carrie Bach	cbach@ph.lacounty.gov; 323-384-8895	Achieve priority status at DMH and DHS facilities	Feb 8, 2008	in process	Project Director facilitating contacts with DMH downtown facility, JWCH clinic, etc. to establish priority processing for clients. Setting meeting with all parties involved in ISS to determine interim plan. All hands meeting held 3/10/08. Assessment tool developed, Comprehensive Individualized Treatment Plan form developed 3/12/08. Authorization forms finalized 3/11/08. First ISS meeting held 3/12/08. Set goals of 15 assessments and 8 treatment plans by 8/21/08. 8 clients completed authorization forms for ISST. 6 plans completed. JWCH recruiting providers.
Advance information about disabilities	Carrie Bach	cbach@ph.lacounty.gov; 323-384-8895	To provide information about disabilities to SRHT in advance so appropriate units can be located.	Feb 4, 2008		Needs to be added to tracking sheet.

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TASK	LEAD	CONTACT INFORMATION	GOAL	TARGET DATE	STATUS	ISSUES
Advance information about SSI eligibility	Carrie Bach	cbach@ph.lacounty.gov; 323-384-8895	To connect eligible clients with SSI benefits as soon as possible. To provide information about disabilities to SRHT in advance so appropriate units can be located.	Feb 8, 2008		Libby provided necessary SSI document 1/30/08. Carrie to add to packet. Flora to work with Congressman's office
Press	Miguel Santana	msantana@ceo.lacounty.gov; 213-974-4530	Balance coverage of program while protecting the integrity and confidentiality of our clients	Feb 4, 2008		LA Times Daily News Channel 2 Channel 4 (thru SRHT) Channel 9 Documentary team All of the above have requested access to clients. Day-to-day press inquiry Judy Hammond. 10 days on Documentary.
Transportation	Connie Sullivan	csullivan@ceo.lacounty.gov; 213-974-5121	To provide resources for transportation needs after placement in housing	February 8, 2008	in process	8

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LOS ANGELES COUNTY PROJECT 50 WORKSHEET**

TASK	LEAD	CONTACT INFORMATION	GOAL	TARGET DATE	STATUS	ISSUES
Administration						
Quarterly Reports	Miguel Santana Kathy House Connie Sullivan	msantana@ceo.lacounty.gov; 213-974-4530 khouse@ceo.lacounty.gov; 213-974-4129	Produce quarterly report as directed by Board of Supervisors on January 8, 2008.	April 7, 2008 for first report	in process	None at this time.
Finalize Project 50 Budget	Greg Polk	gpolk@ceo.lacounty.gov; 213-974-1791	Revised budget to reflect realistic pricing based upon realistic needs	February 8, 2008	in process	Also applies to apples comparison completed.
Lease between CEO and SRHT	Connie Sullivan, Molly Rysman	csullivan@ceo.lacounty.gov; 213-974-5121 molly@skidrow.org; 323-828-5231	Leasing agreement between CEO and SRHT to ensure County requirements are met.	February 15, 2008	in process	Real Estate Division reports that lease sent to Debbie Lizzari to execute.
MOU and Protocols	Vani Kumar Carrie Bach	vkumar@ceo.lacounty.gov; 213-974-4190 cbach@ph.lacounty.gov; 323-384-8895	Achieve seamless supportive services for clients	February 29, 2008 needs extension	in process	Draft provided Feb 6, 2008. Reviewed over weekend. Drafts completed. Will send out 2/13/08. DHS and DMH responded. Need to incorporate responses. Draft protocols sent to Carrie for review Feb 18, 2008.. Sent to all on 2/25/08. Still expecting revisions from 1st District. Received many revisions from different parties end of business 3/5/08. MOU finalized 3/12/08. Protocols still under development. Protocols and detailed procedures are being developed by workgroup. Mou ready for signatures.
Sublease between CEO and JWCH	Connie Sullivan, Al Ballesteros	csullivan@ceo.lacounty.gov; 213-974-5121 aballesteros@jwchinstitute.org; 213-484-1186 x:3009	Sublease of space at Pershing Hotel so medical and mental health staff can move in.	March 31, 2008	in process	Language must be added to final services agreement with JWCH. Connie provided real estate analyst contact info to Mary Marx and Libby Boyce.
Contract with Economic Roundtable to perform evaluation	CEO	csullivan@ceo.lacounty.gov; 213-974-5121	Conduct comprehensive evaluation of processes, cost avoidance, client outcomes	March 31, 2008	in process	County Counsel to provide approved authorization form 2/20/08. SOW being developed.

**ATTACHMENT D
LOS ANGELES COUNTY PROJECT 50 WORKSHEET**

TASK	LEAD	CONTACT INFORMATION	GOAL	TARGET DATE	STATUS	ISSUES
Sharing of data for the purposes of performing the evaluation	Connie Sullivan, Stephanie Farrell Flora Gil Krisiloff Elizabeth Miller	csullivan@ceo.lacounty.gov; 213-974-5121 sfarrell@counsel.lacounty.gov; 213-974-0941	Develop and implement a comprehensive authorization form to allow data sharing and access by the evaluation team	March 1, 2008	in process	County Counsel to provided approved authorization form 2/21/08. Authorization forms do not include public safety, criminal justice departments. Flora working with CoCo on public safety component. On 3/3 CoCo for Sheriff's department emailed and said she's reviewing and will get back to us. Met with CoCo 3/5/08 and reviewed the authorization forms that will allow data sharing for purposes of evaluation. CoCo for Sheriff's department supplied theirs. Minor revisions are needed.
Outcome measures	Connie Sullivan, Carrie Bach Vani Kumar	csullivan@ceo.lacounty.gov; 213-974-5121 cbach@ph.lacounty.gov; 323-384-8895 vkumar@ceo.lacounty.gov; 213-974-4190	Develop meaningful performance counts/measures	February 29, 2008	Completed	Draft will be presented to Project Director for modification and finalization.
Comprehensive legal issues	Miguel Santana	msantana@ceo.lacounty.gov; 213-974-4350	To be able to share necessary information across County departments to facilitate proper case management for clients.	Ongoing	in process	County departments have been impeded from sharing information about joint clients, which in some cases could increase risks to clients.

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LOS ANGELES COUNTY PROJECT 50 WORKSHEET**

TASK	LEAD	CONTACT INFORMATION	GOAL	TARGET DATE	STATUS	ISSUES
Implementation of PHASE Database for Project 50	Carrie Bach	cbach@ph.lacounty.gov; 323-384-8895	To be able to track Project 50 clients, to enter case notes, and to run ad hoc program status reports.	March 15, 2008 for test system. March 31, 2008 for deployment of final system.	in process	Use of this existing system, specifically designed to manage data for homeless clients should facilitate management, tracking and reporting. Demonstration 2/13/08. A second meeting held 2/19/08 to determine customizations, work flow requirements, etc.. Third meeting held on 2/21/08.
Revenue Maximization	Connie Sullivan	csullivan@ceo.lacounty.gov; 213-974-5121	To maximize revenue draw downs from state and federal sources.	February 29, 2008	in process	Connie met with Elena Estrin of SIB, revenue maximization chief to analyze. It appears that SRHT case management will be claimable. Next step is to visit Carrie and SRHT case managers to understand their work completely. Coordinating meeting now.
Veterans resources	Carrie Bach Flora Gil Krisiloff	cbach@ph.lacounty.gov; 323-384-8895 fgkrisiloff@bos.lacounty.gov	To ensure any Project 50 veterans receive all appropriate services from the VA.	March 15, 2008	in process	Carrie adding column to chart. Flora made contact with VA. VA authorization forms may be necessary for information flow. VA outreach team member can verbally transmit some information. Team to determine veteran status on each client by March 15.
JWCH ready to hire as soon as contract is in place?	Mary Marx	mmarx@dmh.lacounty.gov	To ensure all medical and mental health staff are on board as soon as possible to begin providing integrated supportive services.		in process	Setting meeting with all parties involved in ISS to determine interim plan. JWCH recruiting now.
DMH replace Team Leader	Mary Marx	mmarx@dmh.lacounty.gov	To find and hire the most committed person to lead the Outreach and ISS teams			Adrienne Gee on board 3/31/08.

Project 50/ NYC Street to Home Cost Comparison

Program component	Project 50	Annual cost	NYC	Annual cost
Staffing				
Project Director	1	\$145,797		
Outreach team members	4 Outreach team members	\$ 19,354 (3 provided in-kind)	Outreach costs:	\$350,000
Integrated Supportive Services Team			Assertive Community Treatment Team	
	1 team leader (LCSW)	\$107,716	.5 LCSW	
	.5 Psychiatrist	\$119,140	.5 Psychiatrist	
	1 LCSW for mental health treatment	\$ 96,407	Unspecified numbers of mental health professionals and paraprofessionals	
	2 case managers + .2 project manager	\$117,994	1 employment specialist + .5 consumer/peer specialist	
	1 Alcohol/drug counselor	\$ 83,333	1 Substance abuse specialist	
	1 M.D.	\$202,800		
	1 LVN	\$ 62,400	1 nurse	
	1 billing specialist	\$ 39,000		
	1 secretary	\$ 58,261	.5 program assistant	
			Total ACT costs:	to \$450,000 \$600,000
Total Staffing Costs		\$1,052,202		to \$800,000 \$950,000
Services & Supplies				
	Office/Misc. supplies	\$71,290		
	24 hour on call mental health physician	\$40,000		
Total Services and Supplies Costs		\$111,290		
Rental Subsidy				
Total Rental Subsidy Cost per 50		\$375 X 12 X 50 = \$225,000		\$250,000

	FTEs	FY 2007-08 01/08 - 06/08	FY 2008-09 07/08 - 06/09	FY 2009-10 07/09 - 12/09	FY 2010-11	TOTAL 24 Months
SKID ROW HOUSING TRUST						
<u>Salaries & Employee Benefits</u>						
Project Manager	0.2	\$6,598	\$13,195	\$6,598		\$26,391
Case Manager	2.0	\$40,600	\$81,200	\$40,600		\$162,400
Benefits		\$11,800	\$23,599	\$11,800		\$47,199
S&EB TOTAL	2.2	\$58,998	\$117,994	\$58,998		\$235,990
<u>Services & Supplies</u>						
On-going						
Space		\$22,200	\$44,400	\$22,200		\$88,800
Office Equipment		\$0	\$333	\$167		\$500
Office Supplies		\$396	\$792	\$396		\$1,584
Telecommunications		\$7,200	\$14,400	\$7,200		\$28,800
Program Supplies		\$2,250	\$4,500	\$2,250		\$9,000
Parking		\$7,200	\$14,400	\$7,200		\$28,800
On-going Subtotal		\$39,246	\$78,825	\$39,413		\$157,484
One-time						
Building Improvements		\$126,000				\$126,000
Furniture		\$12,500	\$2,500			\$15,000
Office Equipment		\$6,000				\$6,000
Transitional Housing		\$38,280				\$38,280
One-time Subtotal		\$182,780	\$2,500	\$0		\$185,280
S & S TOTAL		\$222,026	\$81,325	\$39,413		\$342,764
TOTAL	2.2	\$281,024	\$199,319	\$98,411		\$578,754
FUNDING SOURCES						
Reprogrammed Homeless and Housing Program Fund		\$281,024	\$199,319	\$98,411		\$578,754
MENTAL HEALTH						
<u>Salaries & Employee Benefits</u>		01/08 - 06/08	07/08 - 06/09	07/09 - 12/09		24 Months
Supervising Psychiatric Social Worker	1.0	\$53,858	\$107,716	\$55,326		\$216,900
Community Worker	1.0	\$25,086				\$25,086
Medical Case Worker II	1.0	\$34,986				\$34,986
S&EB TOTAL	3.0	\$113,930	\$107,716	\$55,326		\$276,972
<u>Services & Supplies</u>						
Medications		\$126,000	\$252,000	\$126,000		\$504,000
TOTAL	3.0	\$239,930	\$359,716	\$181,326		\$780,972
FUNDING SOURCES						
Mental Health Services Act (MHSA)		\$126,000	\$252,000	\$126,000		\$504,000
Redirect MHSA-Home Team		\$113,930	\$107,716	\$55,326		\$276,972
TOTAL FUNDING SOURCES		\$239,930	\$359,716	\$181,326		\$780,972
PUBLIC HEALTH						
<u>Salaries & Employee Benefits</u>		01/08 - 06/08	07/08 - 06/09	07/09 - 12/09		24 Months
Program Specialist, PHN	1.0	\$72,762	\$147,705	\$74,943		\$295,409
Secretary I	1.0	\$28,083	\$57,004	\$28,922		\$114,009
S&EB TOTAL	2.0	\$100,844	\$204,709	\$103,865		\$409,418
<u>Services & Supplies</u>						
Ongoing						
ADPA Substance Abuse Counselor	1.0	\$27,778	\$83,333	\$55,555		\$166,666
Vehicle/Transportation		\$10,000	\$20,000	\$10,000		\$40,000
Ongoing Subtotal		\$37,778	\$103,333	\$65,555	\$0	\$206,666
One-time						
Program Evaluation		\$40,000	\$60,000	\$60,000	\$77,000	\$237,000
Common Ground		\$80,000				\$80,000
Program Support/ Mics.		\$25,000				\$25,000
Laptop computers (2)		\$3,000				\$3,000
One-time Subtotal		\$148,000	\$60,000	\$60,000	\$77,000	\$345,000
S & S TOTAL		\$185,778	\$163,333	\$125,555	\$77,000	\$551,666
TOTAL	3.0	\$286,622	\$368,042	\$229,420	\$77,000	\$961,084
FUNDING SOURCES						
Reprogrammed Homeless and Housing Program Fund		\$286,622	\$368,042	\$229,420	\$77,000	\$961,084

	FTEs	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	TOTAL
JWCH						
<u>Salaries & Employee Benefits</u>						
DMH		03/08 - 06/08	07/08 - 06/09	07/09 - 02/10		24 Months
Mental Health Psychiatrist	0.5	\$39,713	\$119,140	\$79,427		\$238,280
Psychiatric Social Worker II	1.0	\$32,136	\$96,407	\$64,271		\$192,814
On Call Mental Health Physicians Services		\$13,333	\$40,000	\$26,667		\$80,000
DMH Subtotal	1.5	\$85,182	\$255,547	\$170,365		\$511,094
DHS		04/08 - 06/08	07/08 - 06/09	07/09 - 03/10		24 Months
Licensed vocational Nurse	1.0	\$15,600	\$62,400	\$46,800		\$124,800
Patient Resources Worker/Billing Clerk	1.0	\$9,750	\$39,000	\$29,250		\$78,000
Medical Consultant, MD	1.0	\$50,700	\$202,800	\$152,100		\$405,600
DHS Subtotal	3.0	\$76,050	\$304,200	\$228,150		\$608,400
S&EB TOTAL		\$161,232	\$559,747	\$398,515		\$1,119,494
<u>Services & Supplies</u>						
DMH Ongoing						
Computer Maintenance		\$1,000	\$3,000	\$2,000		\$6,000
Office Machines		\$511	\$1,533	\$1,022		\$3,066
Office Supplies		\$767	\$2,300	\$1,533		\$4,600
Mileage		\$212	\$637	\$425		\$1,274
Photocopy Machines/ Maintenance		\$1,222	\$3,667	\$2,445		\$7,334
DMH Ongoing Subtotal		\$3,712	\$11,137	\$7,425		\$22,274
DHS Ongoing						
Computer Maintenance		\$600	\$2,400	\$1,800		\$4,800
Medical Supplies		\$3,000	\$12,000	\$9,000		\$24,000
Office Machines		\$600	\$2,400	\$1,800		\$4,800
Office Supplies		\$864	\$3,455	\$2,591		\$6,910
Mileage		\$318	\$1,273	\$955		\$2,546
Photocopy Machines/ Maintenance		\$900	\$3,600	\$2,700		\$7,200
DHS Ongoing Subtotal		\$6,282	\$25,128	\$18,846		\$50,256
DHS One-time						
SSI Advocacy Services		\$35,000				\$35,000
Physician Examination Room Refurbishment		\$20,000				\$20,000
Computers		\$7,800				\$7,800
Local Printers		\$4,160				\$4,160
DHS One-time Subtotal		\$66,960	\$0	\$0		\$66,960
S & S TOTAL		\$76,954	\$36,265	\$26,271		\$139,490
Administrative Costs @15% of S&Ebs		\$11,408	\$45,630	\$34,223		\$91,261
TOTAL	4.5	\$249,594	\$641,642	\$459,010		\$1,350,246
FUNDING SOURCES						
Non-EPSDT FFP Medi-Cal			\$66,671	\$44,448		\$111,119
Non-EPSDT FFP Match-MHSA			\$66,671	\$44,448		\$111,119
Redirect MHSA-Crisis Resolution Services		\$88,894	\$133,342	\$88,895		\$311,131
Reprogrammed Homeless and Housing Program Fund		\$160,700	\$216,238	\$152,259		\$529,197
Federally Qualified Health Center			\$158,720	\$128,960		\$287,680
TOTAL FUNDING SOURCES		\$249,594	\$641,642	\$459,010		\$1,350,246
GRAND TOTAL						
EXPENDITURES	12.7	\$1,057,170	\$1,568,719	\$968,167	\$77,000	\$3,671,056
FUNDING SOURCES						
Non-EPSDT FFP Medi-Cal		\$0	\$66,671	\$44,448	\$0	\$111,119
Non-EPSDT FFP Match-MHSA		\$0	\$66,671	\$44,448	\$0	\$111,119
MHSA		\$126,000	\$252,000	\$126,000	\$0	\$504,000
Redirect MHSA		\$202,824	\$241,058	\$144,221	\$0	\$588,103
Reprogrammed Homeless and Housing Program Fund		\$728,346	\$783,599	\$480,090	\$77,000	\$2,069,035
Federally Qualified Health Center		\$0	\$158,720	\$128,960	\$0	\$287,680
TOTAL FUNDING SOURCES		\$1,057,170	\$1,568,719	\$968,167	\$77,000	\$3,671,056